

City of Cambridge

Community Development Department, Housing Division
344 Broadway, Cambridge, MA 02139
Tel: 617-349-4622 TTY 617-349-4621

First-Time Homebuyer Application

Check Appropriate Category (review occupancy standards):

☐ 1 bedroom

☐ 2 bedroom

☐ 3 bedroom

Applicant Name: _____ **Date:** _____
Head of Household

Co-Applicant Name: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Home Address: _____
Number & Street Apt.# City State Zip Code

Mailing Address: _____
Number & Street or P.O. Box City State Zip Code

Telephone #: _____ **No. of people in household:** _____
Day Evening

How long have you lived at current address? _____ **What is your present rent?** _____

How many bedrooms in your present unit? _____

Current Property Management Co. or Landlord: _____
Name Address Phone

Residences: List your address(es) for the last three years:

Address	Landlord	Telephone	From	To

Are you currently or were you ever an owner or part owner of any real estate? _____ **If yes, when?** _____

Have you completed a certified Homebuyer Training Program? _____

If yes, when? _____ where? _____
month & year city or town

Have you received individual counseling through CDD? _____ **If yes, when?** _____

HOUSEHOLD MEMBERS

Beginning with Head of household, list the legal names, Social Security numbers, birth dates, and relationship to head of household of each person who will reside in the unit:

Name	SS #	DOB	Relationship to Applicant
			Head of Household

EMPLOYMENT INFORMATION FOR ALL HOUSEHOLD MEMBERS

List the current Sources of all household income: This includes but not limited to, full and/or part-time employment.

Household Member	Employer/Address/Telephone #	Length of employment	Gross income	Hrs./Wk.	Weekly	Bi-weekly	Semi-monthly

You MUST provide documentation for all income you have declared. Copies only.

Have you or any members of your household ever filed bankruptcy? _____ If yes, when? _____

DOCUMENTATION REQUIRED:

1. EMPLOYMENT INCOME VERIFICATION:

All full-time and part-time employed household members must provide income documentation from all employers:

- Four (4) most recent paystubs for weekly payrolls,
- Two (2) paystubs for bi-weekly payrolls or verification from your employer through the payroll department on company stationary verifying your annual gross salary.
- Any other income received since the beginning of the current year. (FOR EXAMPLE: BONUS, INHERITANCE ETC.)

2. **SELF-EMPLOYED INDIVIDUAL:**

If you are a self-employed household, you must provide the following information to be considered:

- Self-employed applicants must provide us with copies of 2004 Federal Income tax forms and all related tax documents and all associated schedules (includes Schedule C) and a statement of income expenses, such as, Profit and Loss Statement (Schedule C) and all related tax documents to verify income information.

The Community Development Department reserves the right to request additional information.

3. **INCOME SOURCES OTHER THAN EMPLOYMENT:**

a) RETIREMENT INCOME OR DISABILITY AWARD:

Name of Recipient: _____

Name of Company: _____ Amount of Monthly Income: \$ _____

Required Documentation: A letter from the source of retirement or disability income stating your benefits and how long you have been receiving them or a copy of your most recent check.

b) SOCIAL SECURITY INCOME:

Name of Recipient: _____

Gross Monthly Amount: \$ _____

Required Documentation: A letter from Social Security stating your benefits or a copy of your most recent check or a bank statement.

c) VETERAN'S ASSISTANCE:

Name of Recipient: _____

Gross Monthly Amount: \$ _____

Required Documentation: A letter from Veteran's Administration stating your benefits or a copy of your most recent check or a bank statement.

d) PUBLIC ASSISTANCE:

Name of Recipient: _____

Gross Monthly Amount: \$ _____

Required Documentation: A letter from the Public Assistance Office stating your benefits and how long you have been receiving them.

e) UNEMPLOYMENT:

Name of Recipient: _____

Weekly Amount: \$ _____ When did benefits start?: _____ When do they expire?: _____

Required Documentation: Your most recent unemployment check stubs or a letter from unemployment stating amount of benefits and the date benefits began.

f) INTEREST/DIVIDEND: (In excess of \$100.00)

Name of Recipient: _____

Source of Interest: _____ Annual Interest: \$ _____

Required Documentation: A letter from the source of the income stating the amount of interest earned in the last twelve months.

g) CHILD SUPPORT/ALIMONY:

Amount Received: \$ _____ Payment(s): Monthly: _____ Weekly: _____ Bi-weekly: _____

Required Documentation: A copy of most recent check(s) for one month's alimony/child support or a copy of the court order or a letter from your lawyer stating the amount received, frequency you receive payment, and the date you started receiving that amount.

4. FEDERAL TAX RETURN DOCUMENTATION:

All household members must submit a copy of their **2004 Federal tax return, and include copies of all 2004 W-2's and 1040s, 1099s and all associated forms** for each household member over the age of 18. If a household member is not listed on the federal tax return and has not submitted an individual tax return, provide an explanation and appropriate documentation.

5. FULL TIME STUDENTS:

If you have any household member over 18 years of age and is a full-time student, you must provide documentation from the school describing enrollment status.

6. NO INCOME DOCUMENTATION:

If you have any household member over 18 years of age who has no source of income (No employment or financial benefits) contact CDD for a "Statement of no Income" form and explanation of circumstances and your last Federal Tax Forms (additional documentation may be requested).

7. Social Security card for all household members

8. Birth Certificate for all household members under 18

9. VEHICLE INFORMATION:

Your vehicle Make/Model _____ Year _____ Color _____

License Plate No. _____ State _____

Second vehicle Make/Model _____ Year _____ Color _____

License Plate No. _____ State _____

10. ASSETS:

List all Savings Accounts of Applicants: (includes financial institutions, 401K, Money Market)

Attach three months worth of your most recent financial statements for all account.

Institution: _____ Current Balance: \$ _____

Institution: _____ Current Balance: \$ _____

List all Checking Accounts of Applicants:

Institution: _____ Current Balance: \$ _____

Institution: _____ Current Balance: \$ _____

11. Debtors:

List all loans with outstanding balances including car loans, personal loans and student loans:

Name of Lender: _____ Balance Due: _____ Monthly Payment: _____

Name of Lender: _____ Balance Due: _____ Monthly Payment: _____

12. Credit Cards:

Card Name: _____ Balance: _____ Minimum Monthly Payment: _____

Card Name: _____ Balance: _____ Minimum Monthly Payment: _____

Card Name: _____ Balance: _____ Minimum Monthly Payment: _____

How did you hear about this property? ☐ Newspaper ☐ Web Site ☐ Flyer ☐ Direct Mailing

CERTIFICATIONS

I/We certify, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

Penalty for False or Fraudulent Statement, U.S.C.

“Title 18, Section 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies.... Or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both.”

♦ All persons whose names will appear on the deed when property purchased must sign here:

Signature: _____ Date: _____

Signature: _____ Date: _____

♦ All persons whose names will appear on the deed when property purchased must sign here:

I _____, authorize the City of Cambridge and all designees to obtain information regarding my household's eligibility for housing or housing subsidy, income, present or former tenancies, and credit history, including court judgments and bankruptcies, from any parties having information, including any agency or housing authority managing any housing subsidy for which I am eligible. I authorize and release any parties from whom that information is requested to release it to the City of Cambridge and their employees.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please submit completed application to:
City of Cambridge
Community Development Department, Housing Division
344 Broadway
Cambridge, MA 02139